01/29/2009 10:18

Image# 29990843925

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For C	Other Than An Aut	horized Comm	nittee	(Office Use Only
NAME OF COMMITTEE (in full)		FEC MAILING LABEL YPE OR PRINT	Example:If typover the lines			
TENET HEALTHCA	RE CORPORA	ATION PAC		1 1 1 1 1	1 1 1 1 1	
ADDRESS (number and st	reet) 13	737 Noel Road, Suite 10	0			
Check if differer than previously reported. (ACC)	ı Da	ullas			TX L	75240
2. FEC IDENTIFICATION	ON NUMBER	▼ CI	ГҮ 🛕		STATEA	ZIPCODE 🛕
C00119354		_	S THIS REPORT	NEW (N) OR	AME (A)	NDED
4. TYPE OF REPOF (Choose One) (a) Quarterly Report April 15 Quarterly F Quarterly F Quarterly F X January 31 Quarterly F July 31 Mic Report(Not Year Only) Terminatio (TER)	Report(Q1) Report(Q2) Report(Q3) Report(YE) d-Year n-election (MY)	Due On:	General (on (12C)	Aug 20 Sep 20 Oct 20 General (12 Special (12 Runoff (30F	Year Only) Dec 20 (M12 (Non-Election Year Only) Jan 31 (YE) G) in the State of
5. Covering Period	11	25 2008	throug	gh 12	3 1	2008
I certify that I have examin Type or Print Name of Tre	_	and to the best of my kn odd Plott	owledge and belief	it is true, correct	and complete.	
Signature of Treasurer	Electronically	Filed by Todd Plott			Date 01	29 2009
NOTE : Submission of fa	se, erroneous,	or incomplete informatio	n may subject the p	person signing th	is Report to the p	enalties of 2 U.S.C 437g.
Office Use						FEC FORM 3X (Rev. 12/2004)

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISRURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003)

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name TENET HEALTHCARE CORPORATION PAC D D " D 25 12 2008 3 1 2008 1.1 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 25980.69 2008 January 1 (b) Cash on Hand at 23548.34 Begining of Reporting Period 6348.78 60010.13 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 29897.12 85990.82 6(a) and 6(c) for Column B) 5000.00 61093.70 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 24897.12 24897.12 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

TENET HEALTHCARE CORPORATION PAC

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Let it ideals (Decrease Others)		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	6101.28	39989.79
(ii) Unitemized	247.50	20020.34
(iii) TOTAL (add	0040.70	
Lines 11(a)(i) and (ii)	6348.78	60010.13
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contributions (add Lines		
11(a)(iii),(b) and (c)) (Carry	6348.78	60010.13
Totals to Line 33, page 5)		
2. Transfers From Affiliated/Other Party Committees	0.00	0.00
Tarty Committees		
. All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made		
to Federal candidates and Other Political Committees	0.00	0.00
Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account	0.00	0.00
(from Schedule H3)		
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))	6348.78	60010.13
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)	6348.78	60010.13

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures: a) Shared Federal/Non-Federal		
(Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	0.00
2. 1	Fransfers to Affiliated/Other Party		
3. (Committees Contributions to	0.00	0.00
а	Federal Candidates/Committeesand Other Political Committees	0.00	37750.00
(ndependent Expenditure use Schedule E)	0.00	0.00
o. (Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) use Schedule F)	0.00	0.00
	_oan Repayments Made	0.00	0.00
7. L	_oans Made	0.00	0.00
	Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
	That I dilical committees	0.00	0.00
	b) Political Party Committees	0.00	0.00
((c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
9. (Other Disbursements	5000.00	23343.70
	Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1	Total Disbursements (add Lines 21(c), 22,		
:	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5000.00	61093.70
	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	5000.00	61093.70
	110111 LIII 01 /	5000.00	01033.70

DETAILED SUMMARY PAGE

of Disbursements

	FEC Form 3X (Rev. 02/2003)		Page 5
	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	6348.78	60010.13
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	6348.78	60010.13
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPORAT	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	ION FAO	
Full Name (Last, First, Middle Initial) ELIZABETH LAMKIN		Date of Receipt
Mailing Address 31 WICKLOW DRIV	Ε	12 31 2008
City	State Zip Code	Transaction ID: PR1025760421189
HILTON HEAD	SC 29928-3354	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer HILTON HEAD HOSPITAL	Occupation CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	540.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) MITCH EDGEWORTH		Date of Receipt
Mailing Address 2613 RANCHVIEW I	DRIVE	1 2 3 1 2 0 0 8
City	State Zip Code	Transaction ID: PR1026318821189
RICHARDSON	TX 75082-5200	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer DOCTORS HOSPITAL-DALLAS	Occupation CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	540.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) MARY ANN T RAILEY		Date of Receipt
Mailing Address 20230 PINGREE WA	ΑΥ	12 31 2008
City	State Zip Code	Transaction ID: PR1461493121189
YORBA LINDA	CA 92887-3257	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer PLACENTIA LINDA HOSPITAL	Occupation ASSOCIATE ADMINISTRATOR	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	270.00	P/R Deduction (\$10.00 Bi- Weekly)
	I	150.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16 11
An	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPORATION	e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial)	ON PAC		
-	SHELLEY GILES Mailing Address 3803 STOCKTON LN			Date of Receipt 1 2 3 1 2 0 0 8
	City DALLAS	State TX	Zip Code 75287-4919	Transaction ID: PR1479664421189
	FEC ID number of contributing federal political committee.	C	73207-4919	Amount of Each Receipt this Period 60.00
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation DIR	n	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 540.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) STEPHEN M MOONEY Mailing Address 4619 BRIAR OAKS C	R		Date of Receipt
	City	State	Zip Code	1 2 3 1 2 0 0 8 Transaction ID: PR1481199221189
	DALLAS	TX	75287-7503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupatio SVP	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 540.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) JANIS THAYER			Date of Receipt
	Mailing Address 1735 CRIMSON TERI	RACE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City BRENTWOOD	State CA	Zip Code 94513-2618	Transaction ID: PR1481210621189
	FEC ID number of contributing federal political committee.	C	94313-2010	Amount of Each Receipt this Period 30.00
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation DIR		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 270.00	P/R Deduction (\$10.00 Bi- Weekly)
SI	JBTOTAL of Receipts This Page (optional) .		.	150.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPORATION	e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. <u>/</u>	Full Name (Last, First, Middle Initial) MICHAEL K BURTNETT			Date of Receipt
	Mailing Address 3405 HOWELL ST#9	Chata	7in Oada	1 2 3 1 2 0 0 8
	City DALLAS	State TX	Zip Code 75204-2828	Transaction ID: PR1568624521189 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupatio VP	n	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 270.00	P/R Deduction (\$10.00 Bi- Weekly)
. —	Full Name (Last, First, Middle Initial) THOMAS RICE			Date of Receipt
	Mailing Address 15126 FERDINAND D)R		12 31 2008
	City	State	Zip Code	Transaction ID: PR1592856021189
	DALLAS	TX	75248-6437	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		114.00
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupatio SVP	n	
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼	0 0	1026.00	P/R Deduction (\$38.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) CHARLES CONKLIN			Date of Receipt
	Mailing Address 3901 HEARST CASTI	LE WAY		12 31 2008
	City	State	Zip Code	Transaction ID: PR1592857221189
	PLANO	TX	75025-2011	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupatio VP		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 540.00	P/R Deduction (\$20.00 Bi- Weekly)
Ę	SUBTOTAL of Receipts This Page (optional) .	1		204.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using the	Statements may not be sold or used by any person name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPORAT	ON PAC	
Full Name (Last, First, Middle Initial) RICKY JOHNSTON		Date of Receipt
Mailing Address 404 N.CHURCH ST	Charles 7'm Charles	12 31 2008
City MCKINNEY	State Zip Code TX 75069	Transaction ID: PR1592858221189 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	90.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation VP	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 810.00	P/R Deduction (\$30.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) WEBB COCHRAN		Date of Receipt
Mailing Address 3961 ST. CLAIRE CT	ī	12 31 Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR1594942621189
ATLANTA	GA 30319	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation DIR	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) JASON E EVANS		Date of Receipt
Mailing Address 1808 FLINT RIDGE I	DR	12 31 2008
City	State Zip Code	Transaction ID: PR1735905221189
ALLEN	TX 75002-1567	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer LAKE POINTE MEDICAL CENTER	Occupation COO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	P/R Deduction (\$10.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)	1	150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 39 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPORATION	e name and add	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DANIEL WALDMANN			Date of Receipt
Mailing Address 2001 19TH STREET N			12 31 2008
City <u>WASHINGTON</u>	State DC	Zip Code 20009-1346	Transaction ID: PR1814798521189 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		240.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation VP		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2160.00	P/R Deduction (\$80.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) GREGORY S MANIS			Date of Receipt
Mailing Address 1944 S CLUB DR			12 / 31 / 2008
City WELLINGTON	State FL	Zip Code 33414-9088	Transaction ID: PR2070027421189 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30414 3000	30.00
Name of Employer ST. MARY'S MEDICAL CENTER	Occupation	١	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) MARK P LISA			Date of Receipt
Mailing Address 391 E MILGEO AVE			1 2 3 1 2 0 0 8
City RIPON	State CA	Zip Code 95366-2120	Transaction ID: PR2174141221189 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	33300-2120	75.00
Name of Employer DOCTORS HOSPITAL OF MANTE- CA	Occupation	١	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 675.00	P/R Deduction (\$25.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)	1		345.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 39 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
TENET HEALTHCARE CORPORATION	ON PAC		
Full Name (Last, First, Middle Initial) LINDA OLLIS			Date of Receipt
Mailing Address 2717 COUNTRY CLUI			12 31 2008
City OMAHA	State NE	Zip Code 68104-4222	Transaction ID: PR2174254221189 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer CREIGHTON UNIVERSITY MEDI- CAL CENTER	Occupation CEO	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 270.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) ROBERT J CUNNAH			Date of Receipt
Mailing Address 163 VILLAGIO WEST			12 31 YYYY 2008
City	State	Zip Code	Transaction ID: PR2174361621189
PALM SPRINGS FEC ID number of contributing federal political committee.	CA	92262-6395	Amount of Each Receipt this Period
Name of Employer DESERT REGIONAL MEDICAL CENTER	Occupation CMO	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1350.00	P/R Deduction (\$50.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) HENRY T HUDSON III			Date of Receipt
Mailing Address 49150 GILA RIVER DI	RIVE		1 2 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City INDIO	State CA	Zip Code 92201-8846	Transaction ID: PR2174385921189 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	022010010	30.00
Name of Employer DESERT REGIONAL MEDICAL CENTER	, ·	ATE ADMINISTRATOR	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 270.00	P/R Deduction (\$10.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)	•		210.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 39 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPORATION	ne name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) DENNIS M LITOS Mailing Address 3204 GREENGATE D	DR		Date of Receipt
City MODESTO	State CA	Zip Code 95355-8446	Transaction ID: PR2174541521189 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer DOCTORS MEDICAL CENTER-MODESTO	Occupatio CEO	n	60.00
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 540.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) BRUCE MEARS Mailing Address 10312 ARVIN HILL R	D		Date of Receipt M
City AUBREY	State TX	Zip Code 76227-6847	Transaction ID: PR2174562621189 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer TENET HEALTHCARE CORPORAT- ION Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupatio DIR Aggregate	e Year-to-Date ▼ 270.00	P/R Deduction (\$10.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) WENDY TISCHLER Mailing Address 5921 MALMESBURY	PD		Date of Receipt
City	State	Zip Code	1 2 3 1 2 0 0 8 Transaction ID: PR2174565821189
DALLAS	TX	75252-4206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer TENET HEALTHCARE CORPORAT- ION Receipt For:	Occupatio SR DIR	n e Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate	270.00	P/R Deduction (\$10.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional) .	•		120.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 39 (check only one) X
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPORATION	ON PAC		
_	Full Name (Last, First, Middle Initial) RICHARD BECK			Date of Receipt
	Mailing Address 107 WATERMAN	Otata	7:- 0-1-	12 31 2008
	City IRVINE	State CA	Zip Code 92602-1654	Transaction ID: PR2174566421189 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	02002 100 1	30.00
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupatio DIR	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		270.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) ERIC BURCH			Date of Receipt
	Mailing Address 7085 CRYSTALLINE	DRIVE		12 31 2008
	City	State	Zip Code	Transaction ID: PR2174566621189
	CARLSBAD	CA	92011-3968	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupatio DIR		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	B/B B
	Other (specify)		260.00	P/R Deduction (\$10.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) JEFFERY FLOCKEN			Date of Receipt
	Mailing Address 27 NEW DAWN			12 31 2008
	City	State	Zip Code	Transaction ID: PR2174567321189
	IRVINE	CA	92620-1976	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupatio SVP		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 2700.00	P/R Deduction (\$100.00 Bi- Weekly)
Γ,	SUBTOTAL of Receipts This Page (optional) .	•		360.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
TENET HEALTHCARE CORPORATION	ON PAC		
Full Name (Last, First, Middle Initial) LARRY J AUSTIN			Date of Receipt
Mailing Address 14342 CLUB CIRCLE		7'n Oada	12 31 2008
City <u>ALPHARETTA</u>	State GA	Zip Code 30004-4361	Transaction ID: PR2202087221189 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		60.00
Name of Employer NORTH FULTON REGIONAL HOS- PITAL	Occupation CEO	ı	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 540.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) MICHAEL HALTER			Date of Receipt
Mailing Address 111 RIGHTERS MILL	RD		12 31 2008
City	State	Zip Code	Transaction ID: PR406763221189
PENN VALLEY FEC ID number of contributing federal political committee.	C	19072-1312	Amount of Each Receipt this Period 57.00
Name of Employer HAHNEMANN UNIVERSITY HOSP-	Occupation	n	
ITAL Receipt For:	CEO	Year-to-Date ▼	_
Primary General Other (specify) ▼	- Iggi ogulo	513.00	P/R Deduction (\$19.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) LEONARD ROSENFELD			Date of Receipt
Mailing Address 12213 PARK BEND D	PR		12 31 2008
City	State	Zip Code	Transaction ID: PR407201321189
DALLAS	TX	75230-2364	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		60.00
Name of Employer TENET HEALTHCARE CORPORAT- ION Receipt For:	Occupation VP		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 540.00	P/R Deduction (\$20.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional) .	•		177.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the	atements may not be sold or used by any per name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPORATION	N PAC	
Full Name (Last, First, Middle Initial) ROBERT J SCHWEBEL		Date of Receipt
Mailing Address 5331 E. MOCKINGBIRI	D 613	1 2 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City DALLAS	State Zip Code TX 75206-0911	Transaction ID: PR407203421189 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation VP	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	P/R Deduction (\$10.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) CINDY L LARKIN Mailing Address 4716 DE GREY LANE		Date of Receipt
	Ctata Zin Codo	12 31 2008
City PLANO	State Zip Code TX 75093-7443	Transaction ID: PR407203821189 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	24.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation SR DIR	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	P/R Deduction (\$8.00 Bi-W-eekly)
Full Name (Last, First, Middle Initial) THOMAS WOLF		Date of Receipt
Mailing Address 2613 MILLINGTON DR	IVE	12 31 2008
City	State Zip Code	Transaction ID: PR407205121189
PLANO FEC ID number of contributing federal political committee.	TX 75093-3560	Amount of Each Receipt this Period 48.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation MGR	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 432.00	P/R Deduction (\$16.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)		102.00
TOTAL This Period (last page this line number of		•

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pe he name and address of any political committee	rson for the purpose of soliciting contributions
TENET HEALTHCARE CORPORAT	ION PAC	
Full Name (Last, First, Middle Initial) HANK D IRICK JR.		Date of Receipt
Mailing Address 3305 ELAM CT		12 31 7 2008
City <u>PLANO</u>	State Zip Code TX 75093-8087	Transaction ID: PR407205821189 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer TENET HEALTHCARE CORPORAT-	Occupation SR DIR	
ION Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	P/R Deduction (\$10.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) WILLIAM R WATTS		Date of Receipt
Mailing Address 7504 DANFIELD CT		12 31 2008
City DALLAS	State Zip Code TX 75252-6823	Transaction ID: PR407209421189 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation SR DIR	
Receipt For: Primary General	Aggregate Year-to-Date ▼	D/D Deduction (\$10.00 Di
Other (specify) ▼	270.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) STEVE BROWN	_1	Date of Receipt
Mailing Address 16 SARAH NASH C	Г	M M / D D / Y Y Y Y Y Y 1 1 2 3 1 2 0 0 8
City	State Zip Code	Transaction ID: PR407210621189
DALLAS FEC ID number of contributing federal political committee.	TX 75225-2072	Amount of Each Receipt this Period 300.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation EVP	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2700.00	P/R Deduction (\$100.00 Bi-Weekly)
		360.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 39 (check only one) X
or for	nformation copied from such Reports and S commercial purposes, other than using the AME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	ENET HEALTHCARE CORPORATION	ON PAC		
. <u>C</u> I	ull Name (Last, First, Middle Initial) RAIG E SIMS	_		Date of Receipt
_	ailing Address 4515 MANNING LANE		7:- Onda	12 31 2008
Ci <u>D</u>	ty ALLAS	State TX	Zip Code 75220-6434	Transaction ID: PR407211621189 Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		57.69
	ame of Employer ENET HEALTHCARE CORPORAT- DN	Occupatio VP	n	
Re	eceipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼		519.21	P/R Deduction (\$19.23 Bi- Weekly)
. <u>J</u> C	ull Name (Last, First, Middle Initial) DHN B MCDONALD			Date of Receipt
M	ailing Address 2230 WARNER ROAI	D		12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ci	•	State	Zip Code	Transaction ID: PR407215821189
_	ORT WORTH	TX	76110-1752	Amount of Each Receipt this Period
fe	EC ID number of contributing deral political committee.	C		60.00
<u>IC</u>	ame of Employer ENET HEALTHCARE CORPORAT- DN	Occupatio VP	n	
Re	eceipt For: Primary General	Aggregate	e Year-to-Date ▼	P/P Deduction (\$20.00 Pi
	Other (specify) ▼		540.00	P/R Deduction (\$20.00 Bi- Weekly)
	ull Name (Last, First, Middle Initial) AYNE E COBB			Date of Receipt
M	ailing Address 4001 ORCHID LANE			12 31 YYYY 12 31 2008
Ci		State	Zip Code	Transaction ID: PR407216421189
	IANSFIELD	TX	76063-5577	Amount of Each Receipt this Period
fe	EC ID number of contributing deral political committee.	C		30.00
<u>IC</u>	ame of Employer ENET HEALTHCARE CORPORAT- DN	Occupatio MGR	_	
Re	eceipt For: Primary General	Aggregate	e Year-to-Date ▼ 270.00	P/R Deduction (\$10.00 Bi-
	Other (specify) ▼	0 0	270.00	Weekly)
	TOTAL of Receipts This Page (optional) .			147.69

SCHEDULE A	(FEC Form 3X) CEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purp	oses, other than using the n TTEE (In Full)	ame and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	HCARE CORPORATION	N PAC		
Full Name (Last, F TERESA L HUSKE) Mailing Address				Date of Receipt
City	+000 i Enormida //VE	State	Zip Code	1 2 3 1 2 0 0 8 Transaction ID: PR407218621189
FT WORTH		TX	76107-4243	Amount of Each Receipt this Period
FEC ID number of federal political con		C		30.00
Name of Employer TENET HEALTHO ION	ARE CORPORAT-	Occupation SR DIR	1	
Receipt For: Primary Other (specif	General y) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, F				Date of Receipt
Mailing Address	25 NIGHT HERON PL			12 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: PR407219721189
HICKORY		NC	28601-8806	Amount of Each Receipt this Period
FEC ID number of federal political con	contributing nmittee.	C		30.00
Name of Employer FRYE REGIONAL TER	MEDICAL CEN-	Occupation CFO	l	
Receipt For:	Carraval	Aggregate	Year-to-Date ▼	
Primary Other (specif	General y) ▼		270.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, F				Date of Receipt
Mailing Address	1805 LONGWOOD CT			12 31 7 2008
City		State	Zip Code	Transaction ID: PR407221521189
ALLEN		TX	75013-3074	Amount of Each Receipt this Period
FEC ID number of federal political con		C		60.00
ION	ARE CORPORAT-	Occupation VP		
Receipt For: Primary Other (specif	General y) ▼	Aggregate	Year-to-Date ▼ 350.00	P/R Deduction (\$20.00 Bi- Weekly)
SURTOTAL of Popo	pts This Page (optional)			120.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19/39 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPORATI		· ·	
Full Name (Last, First, Middle Initial) JOE D THOMASON			Date of Receipt
Mailing Address 4006 RAMSGATE CT	Γ		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
COLLEXVIIIE	State TX	Zip Code	Transaction ID: PR407222121189
COLLEYVILLE FEC ID number of contributing federal political committee.	C	76034-4473	Amount of Each Receipt this Period 30.00
Name of Employer TENET HEALTHCARE CORPORAT-	Occupation	n	
ION Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 240.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) ROBERT S HENDLER			Date of Receipt
Mailing Address 11122 W RICKS CIR	CLE		1 2 3 1 2 0 0 8
City DALLAS	State TX	Zip Code 75230-3032	Transaction ID: PR407222821189 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation REGION		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1350.00	P/R Deduction (\$50.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) RHONDA ROGERS			Date of Receipt
Mailing Address 261 CR 2153			1 2 3 1 2 0 0 8
City NACOGDOCHES	State TX	Zip Code 75965	Transaction ID: PR407224421189 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75555	30.00
Name of Employer NACOGDOCHES MEDICAL CENTER	Occupation CFO	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$10.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)			210.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20/39 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPORAT		,,,	
Full Name (Last, First, Middle Initial) CONLEY S CERVANTES			Date of Receipt
Mailing Address 819 CAMBRIDGE M	IANOR LANE		12 31 2008
City COPPELL	State TX	Zip Code 75019-6105	Transaction ID: PR407224721189 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70010 0100	36.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation DIR	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 324.00	P/R Deduction (\$12.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) GARY ROBINSON			Date of Receipt
Mailing Address 3030 MCKINNEY A	VE #1701		12 31 YYYYY 12 31 2008
City DALLAS	State TX	Zip Code 75204-7410	Transaction ID: PR407225821189 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		60.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation DEPUTY	n ' GENERAL COUNSEL	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 540.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) DOUGLAS E RABE			Date of Receipt
Mailing Address 9923 CAPRIDGE DI	R		1 2 3 1 2 0 0 8
City DALLAS	State TX	Zip Code 75238-3469	Transaction ID: PR407227321189 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	73230 0403	60.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation VP	n	
Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 540.00	P/R Deduction (\$20.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional	<u> </u>		156.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 39 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	v not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
TENET HEALTHCARE CORPORATION	JN PAC		
Full Name (Last, First, Middle Initial) MICHAEL S HONGOLA			Date of Receipt
Mailing Address 6704 WESTMONT DR	RIVE		12 31 2008
City	State	Zip Code	Transaction ID: PR407227621189
COLLEYVILLE	TX	76034-7263	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		60.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation VP	1	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		540.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) WILLIAM T MOORE			Date of Receipt
Mailing Address 3014 CASTLE PINES	DRIVE		12 31 2008
City	State	Zip Code	Transaction ID: PR407231821189
DULUTH	GA	30097-2039	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		60.00
Name of Employer ATLANTA MEDICAL CENTER	Occupation MARKET		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		540.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) MAXINE T COOPER			Date of Receipt
Mailing Address 19401 SANDPEBBLE	CR		12 31 YYYYY
City	State	Zip Code	Transaction ID: PR407233321189
HUNTINGTON BEACH	CA	92648-2110	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		60.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation CEO	1	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)			180.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 39 (check only one) X
0	any information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPORATION	ON PAC		
	Full Name (Last, First, Middle Initial) GARRY M OLNEY			Date of Receipt
	Mailing Address 2708 ISLAND LEDGE	COVE		12 31 2008
	City AUSTIN	State TX	Zip Code 78746-1982	Transaction ID: PR407234321189 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer TENET HEALTHCARE CORPORAT-	Occupation	1	
	ION Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 540.00	P/R Deduction (\$20.00 Bi-Weekly)
. –	Full Name (Last, First, Middle Initial) JOHN QUINN			Date of Receipt
	Mailing Address 1138 PINE VALLEY F	ROAD		12 31 2008
	City	State	Zip Code	Transaction ID: PR407236021189
	GRIFFIN FEC ID number of contributing federal political committee.	GA C	30224-4953	Amount of Each Receipt this Period 30.00
	Name of Employer SPALDING REGIONAL HOSPITAL	Occupation	1	
	Receipt For: Primary General Other (specify) ▼	- · ·	Year-to-Date ▼ 270.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) JOHN F HOLLAND			Date of Receipt
	Mailing Address 3610 EDGEWATER S	STREET		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City DALLAS	State	Zip Code	Transaction ID: PR407242921189
	FEC ID number of contributing federal political committee.	C	75205-4317	Amount of Each Receipt this Period 288.00
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation SVP	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 864.00	P/R Deduction (\$96.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional) .	1		378.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 39 (check only one) X
4	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements mage	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
	NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPORATION		•	
. <u>/</u>	Full Name (Last, First, Middle Initial) WILLIAM C HENNING			Date of Receipt
	Mailing Address 5415 STONE CANYO	N DR		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City FRISCO	State TX	Zip Code	Transaction ID: PR407244721189
	FEC ID number of contributing federal political committee.	C	75034-2220	Amount of Each Receipt this Period 60.00
	Name of Employer CENTENNIAL MEDICAL CENTER	Occupatio CEO	n	1
	Receipt For: Primary General Other (specify) ▼	- '	e Year-to-Date ▼ 540.00	P/R Deduction (\$20.00 Bi- Weekly)
- 3.	Full Name (Last, First, Middle Initial) JAMES D DORIS			Date of Receipt
	Mailing Address 264 IDLEWILDE LAN	E		12 31 2008
	City	State	Zip Code	Transaction ID: PR407244821189
	SANFORD	NC	27332-9304	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		105.00
	Name of Employer CENTRAL CAROLINA HOSPITAL	Occupatio CEO	n	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		945.00	P/R Deduction (\$35.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) RALPH ALEMAN			Date of Receipt
	Mailing Address 6301 COLLINS AVE #	‡2608		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR407245321189
	MIAMI BEACH	FL	33141-4645	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer HIALEAH HOSPITAL	Occupatio CEO	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		540.00	P/R Deduction (\$20.00 Bi- Weekly)
Γ		1		225.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16 17
,	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPORATION	ON PAC		
۸.	Full Name (Last, First, Middle Initial) ALEX CONTRERAS-SOTO			Date of Receipt
	Mailing Address 3363 SW 180 WAY			12 31 2008
	City	State	Zip Code	Transaction ID: PR407246921189
	MIRAMAR	<u>FL</u>	33029-1639	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer PALMETTO GENERAL HOSPITAL	Occupatio COO	on	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		270.00	P/R Deduction (\$10.00 Bi- Weekly)
- 3.	Full Name (Last, First, Middle Initial) GARRY L GAUSE			Date of Receipt
	Mailing Address 1150 LAKE COLANY	12 31 2008		
	City	State	Zip Code	Transaction ID: PR407248721189
	VESTAVIA HILLS	AL	35242-7423	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer BROOKWOOD MEDICAL CENTER	Occupatio CEO		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D Doduction (\$10.00 B)
	Other (specify) ▼	0 0	270.00	P/R Deduction (\$10.00 Bi- Weekly)
- ;.	Full Name (Last, First, Middle Initial) DAVID L ARCHER	Date of Receipt		
	Mailing Address 2594 HOCKSETT CO	VE		12 31 YYYY 2008
	City	State	Zip Code	Transaction ID: PR407250421189
	GERMANTOWN	TN	38139-6655	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer SAINT FRANCIS HOSPITAL	Occupation MARKET		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1080.00	P/R Deduction (\$40.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)	1		180.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 25 / 39 (check only one)
TEMIZED RECEIL 13		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPORATION	ON PAC		
Full Name (Last, First, Middle Initial) SUELLEN SMITH			Date of Receipt
Mailing Address 84 TIERRA VISTA LA	NE		M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
City	State	Zip Code	Transaction ID: PR407254521189
PASO ROBLES	CA	93446-9702	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupatio SR DIR	n	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		270.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) PAMELA J BUXTON	1		Date of Receipt
Mailing Address 77-532 BURRUS COL	JRT		12 31 2008
City	State	Zip Code	Transaction ID: PR407255321189
PALM DESERT	CA	92211-0485	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer JOHN F. KENNEDY MEMORIAL HOSPITAL	Occupatio CNO	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 270.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) STEPHEN L NEWMAN MD			Date of Receipt
Mailing Address 11034 TIBBS STREE	Τ		12 31 YYYYY 12 31 2008
City	State	Zip Code	Transaction ID: PR407257721189
DALLAS	TX	75230-3450	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		576.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	+ +	PERATING OFFICER	
Receipt For:	Aggregate	e Year-to-Date ▼	_
Primary General Other (specify) ▼		5184.00	P/R Deduction (\$192.00 Bi- Weekly)
	1		

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
TENET HEALTHCARE CORPORATION	ON PAC		
Full Name (Last, First, Middle Initial) ALAN E HODGES			Date of Receipt
Mailing Address 231 COIN DU LESTIN	N		M M / D D / Y Y Y Y Y 1 1 2 0 0 8
City	State	Zip Code	Transaction ID: PR407262121189
SLIDELL	LA	70460-3509	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer NORTHSHORE REGIONAL MEDIC- AL CENTER	Occupation COO	1	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		270.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) ALAN R CASON			Date of Receipt
Mailing Address 112 GOLDEN PHEAS	SANT ST		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: PR407263521189
SLIDELL	LA	70461-3116	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		60.00
Name of Employer NORTHSHORE REGIONAL MEDIC- AL CENTER	Occupation CEO	1	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		540.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) GARY L HONTS, JR.			Date of Receipt
Mailing Address 1855 SILVERWINGS	СТ		12 31 2008
City	State	Zip Code	Transaction ID: PR407266421189
MORGAN HILL	CA	95037-9002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		60.00
Name of Employer COMMUNITY HOSPITAL OF LOS GATOS	Occupation CEO	1	
Receipt For:	Aggregate	Year-to-Date ▼	_
Primary General Other (specify) ▼		540.00	P/R Deduction (\$20.00 Bi- Weekly)
	1	_	150.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 39 (check only one) X
0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPORATION	ON PAC		
۷.	Full Name (Last, First, Middle Initial) MICHELE C MEYER			Date of Receipt
	Mailing Address 230 GRIMSLEY STAT	Γ BLUFF		12 31 7 2008
	City SAINT LOUIS	State MO	Zip Code 63129-5030	Transaction ID: PR407268521189 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		57.00
	Name of Employer DES PERES HOSPITAL	Occupation CEO	on	
	Receipt For: Primary General Other (coopin)	Aggregate	e Year-to-Date ▼ 513.00	P/R Deduction (\$19.00 Bi-Weekly)
_	Other (specify) ▼ Full Name (Last, First, Middle Initial)	0 0		weekly)
	PAUL D ECHELARD Mailing Address 1167 HILLSBORO MI	LE#614		Date of Receipt 1 2 3 1 2 0 0 8
	City	State	Zip Code	Transaction ID: PR407270921189
	HILLSBORO BEACH	FL	33062-1618	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		57.69
	Name of Employer GOOD SAMARITAN MEDICAL CE- NTER	Occupation CEO		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 519.21	P/R Deduction (\$19.23 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) SAMUEL G HARRIS			Date of Receipt
	Mailing Address 933 HAVENHURST			1 2 3 1 2 0 0 8
	City	State	Zip Code	Transaction ID: PR407271121189
	WEST HOLLYWOOD	CA	90046-6919	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation DIR	_	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 270.00	P/R Deduction (\$10.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .	•		144.69

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 39 (check only one) X 11a
A	ny information copied from such Reports and S for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPORATION	ON PAC		
	Full Name (Last, First, Middle Initial) CRAIG C ARMIN			Date of Receipt
	Mailing Address 23510 BERDON STR	EET		12 31 7 9 9 9
	City WOODLAND HILLS	State CA	Zip Code 91367-3004	Transaction ID: PR407274121189 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupatio VP	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		675.00	P/R Deduction (\$25.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) KENT G CLAYTON			Date of Receipt
	Mailing Address 3 TURTLE BAY DRIV	E		1 2 3 1 2 0 0 8
	City	State	Zip Code	Transaction ID: PR407278121189
	NEWPORT BEACH	CA	92660-4266	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer PLACENTIA LINDA HOSPITAL	Occupatio CEO	n	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		540.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) KAREN GULBENKIAN			Date of Receipt
	Mailing Address 2847 CALLE HERALD	00		12 31 2008
	City	State	Zip Code	Transaction ID: PR407278721189
	SAN CLEMENTE	CA	92673-3534	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupatio COO	_	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	P/R Deduction (\$10.00 Bi-
	Other (specify) ▼		270.00	Weekly)
	SUBTOTAL of Receipts This Page (optional) .	1		165.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 39 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPORAT	Statements may not be sold or used by any person the name and address of any political committee to SION PAC	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) CANDACE MARKWITH Mailing Address 980 ISABELLA WAY	,	Date of Receipt
City SAN LUIS OBISPO FEC ID number of contributing	State Zip Code CA 93405-6186	1 2 3 1 2 0 0 8 Transaction ID: PR407280321189 Amount of Each Receipt this Period
federal political committee. Name of Employer SIERRA VISTA REGIONAL MED- ICAL CENTER Receipt For:	Occupation CEO Aggregate Year-to-Date ▼	60.00
Primary General Other (specify) ▼	540.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) MICHELE M FINNEY Mailing Address 21521 TURTLEDOV	E STREET	Date of Receipt 1 2 3 1 2 0 0 8
City TRABUCO CANYON	State Zip Code CA 92679-3486	Transaction ID: PR407283921189 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer LOS ALAMITOS MEDICAL CENT- ER Receipt For:	Occupation CEO Aggregate Year-to-Date 540.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) DEBBIE L WALSH		Date of Receipt
Mailing Address 516 GALLEON WAY	,	12 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SEAL BEACH	State Zip Code CA 90740-5939	Transaction ID: PR411334321189 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer USC UNIVERSITY HOSPITAL	Occupation CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	P/R Deduction (\$10.00 Bi- Weekly)
		150.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16						
0	Any information copied from such Reports and or for commercial purposes, other than using th	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPORATI	ON PAC								
۷.	Full Name (Last, First, Middle Initial) RICK LYONS			Date of Receipt						
	Mailing Address 2425 BATTERING RO	OCK RD		12 31 2008						
	City TEMPLETON	State CA	Zip Code	Transaction ID: PR413941921189						
	FEC ID number of contributing federal political committee.	C	93465-8371	Amount of Each Receipt this Period 30.00						
	Name of Employer TWIN CITIES COMMUNITY HOS- PITAL	Occupatio CEO	n							
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 270.00	P/R Deduction (\$10.00 Bi-Weekly)						
_ s.	Full Name (Last, First, Middle Initial) EDWIN BODE			Date of Receipt						
	Mailing Address 9597 GOTTEN WAY			12 31 YYYYY 12 31 2008						
	City	State	Zip Code	Transaction ID: PR839296521189						
	GERMANTOWN FEC ID number of contributing federal political committee.	C	38139-5657	Amount of Each Receipt this Period 30.00						
	Name of Employer SAINT FRANCIS HOSPITAL	Occupatio CFO	on	7						
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 270.00	P/R Deduction (\$10.00 Bi-Weekly)						
_	Full Name (Last, First, Middle Initial) EDWARD MESCO			Date of Receipt						
•	Mailing Address 7365 NW 54TH STRE	EET		1 2 3 1 2 0 0 8						
	City	State	Zip Code	Transaction ID: PR839477821189						
	LAUDERHILL FEC ID number of contributing	FL C	33319-6346	Amount of Each Receipt this Period 75.00						
	rederal political committee. Name of Employer TENET HEALTHCARE CORPORAT-	Occupatio	n							
	ION Receipt For:	DIR	Veer to Det-							
	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 675.00	P/R Deduction (\$25.00 Bi- Weekly)						
	SUBTOTAL of Receipts This Page (optional)			135.00						

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(for each category of the Detailed Summary Page	(Crieck only only)
or for commercial purposes, other than using	nd Statements may not be sold or used by any the name and address of any political commi	person for the purpose of soliciting contributions tree to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPORA	TION PAC	
Full Name (Last, First, Middle Initial) NORMA A ZERINGUE		Date of Receipt
Mailing Address 5757 SOUTHWES	TERN BLVD	12 31 2008
City DALLAS	State Zip Code TX 75209-3437	Transaction ID: PR840530321189 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation VP	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.0	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) AUDREY T ANDREWS		Date of Receipt
Mailing Address 702 PENFOLDS		12 31 2008
City COPPELL	State Zip Code TX 75019-4544	Transaction ID: PR840566921189 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation SVP	
Receipt For: Primary General	Aggregate Year-to-Date ▼	B/B B . I . I' (\$20.00 B)
Other (specify)	540.0	0 P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) DAVID W BORDOFSKE		Date of Receipt
Mailing Address 5001 ASHLAND BE	LLE LANE	12 31 2008
City	State Zip Code	Transaction ID: PR840924621189
FRISCO FEC ID number of contributing	TX 75035-7682	Amount of Each Receipt this Period
federal political committee.		
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation VP	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.0	P/R Deduction (\$40.00 Bi-Weekly)
SUPTOTAL of Possints This Page (entires	I)	210.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32/39 (check only one) X	
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPORAT			
Full Name (Last, First, Middle Initial) VIOLETA L MAZZELLA			Date of Receipt
Mailing Address 8816 CANYON LANE	OS DRIVE		1 2 3 1 2 0 0 8
City	State	Zip Code	Transaction ID: PR841454321189
PLANO	TX	75025-4221	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		48.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation MGR	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 432.00	P/R Deduction (\$16.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) HOAI-SON L NGUYEN			Date of Receipt
Mailing Address 303 PRINCE ALBER	T CT		12
City RICHARDSON	State TX	Zip Code 75081-5059	Transaction ID: PR841515821189 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation DIR	n	7
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		270.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) BRIAN REILLY			Date of Receipt
Mailing Address 55 PARRY DR			12 31 2008
City	State	Zip Code	Transaction ID: PR843214421189
HAINESPORT	NJ	08036-4881	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer HAHNEMANN UNIVERSITY HOSP- ITAL	Occupation CFO		
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	3 D/D D
Other (specify)		270.00	P/R Deduction (\$10.00 Bi- Weekly)
			108.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 39 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPORA	the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) BARBARA H ZURZOLO Mailing Address 13 GREENBRIAR L	ANE		Date of Receipt
City PAOLI FEC ID number of contributing	State PA	Zip Code 19301-1907	1 2 3 1 2 0 0 8 Transaction ID: PR843854921189 Amount of Each Receipt this Period
federal political committee. Name of Employer REGIONAL EXECUTIVE Receipt For: Primary General	1	n IAGING COUNSEL Year-to-Date ▼	30.00 P/R Deduction (\$10.00 Bi-
Full Name (Last, First, Middle Initial) SUZANNE KOZEL Mailing Address 161 MEADOW RID	GE LN	270.00	Date of Receipt 1 2 3 1 2 0 0 8
City CHAPEL HILL FEC ID number of contributing federal political committee. Name of Employer	State NC C Occupation	Zip Code 27517-8847	Transaction ID: PR843980421189 Amount of Each Receipt this Period 57.90
Name of Employer CAROLINA CROSSROADS SURG Receipt For: Primary General Other (specify) ▼	DIR	Year-to-Date ▼ 521.10	P/R Deduction (\$19.30 Bi-Weekly)
Full Name (Last, First, Middle Initial) PATRICIA L BRAINERD Mailing Address 5412 GLENSHIRE I	DR		Date of Receipt 1 2 3 1 2 0 0 8
City PLANO	State TX	Zip Code 75093-2800	Transaction ID: PR844644421189 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer TENET HEALTHCARE CORPORAT-	Occupation SR DIR	_	150.00
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1350.00	P/R Deduction (\$50.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional	l)		237.90

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports or for commercial purposes, other than usi NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPOR	and Statements may not be sold or used by any pering the name and address of any political committee	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) LYNNE SCROGGINS Mailing Address 3777 PEACHTRE	EE RD NE 632	Date of Receipt
City ATLANTA	State Zip Code GA 30319-5209	Transaction ID: PR844786221189 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer ATLANTA MEDICAL CENTER Receipt For: Primary General Other (specify) ▼	Occupation ASSOCIATE ADMINISTRATOR Aggregate Year-to-Date 270.00	P/R Deduction (\$10.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) IRENE CHAVEZ Mailing Address 1340 LOMA VER	DE	Date of Receipt
City EL PASO	State Zip Code TX 79936-7811	Transaction ID: PR846339321189
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 60.00
Name of Employer PROVIDENCE MEMORIAL HOSPI- TAL Receipt For: Primary General Other (specify) ▼	Occupation CEO Aggregate Year-to-Date 540.00	P/R Deduction (\$20.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) SCOTT A RIFKIN		Date of Receipt
Mailing Address 2188 ASPEN		12 31 YYYY 2008
City TUSTIN	State Zip Code CA 92782-8339	Transaction ID: PR846690221189 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer LOS ALAMITOS MEDICAL CENT- ER	Occupation COO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	P/R Deduction (\$10.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optic	nal)	120.00

IRVINE REĞIÖNAL HOSPITAL MEDICAL CENTE	ne and address of any political committee to s	Date of Receipt M M
or for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPORATION F Full Name (Last, First, Middle Initial) ERIC M DELGADO Mailing Address 4734 BRIERCREST AVE. City LAKEWOOD FEC ID number of contributing federal political committee. Name of Employer IRVINE REGIONAL HOSPITAL MEDICAL CENTE Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) TERRY MURPHY Mailing Address 179 NIBLICK RDPMB348	State Zip Code CA 90713-2312 C Occupation CFO Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPORATION F Full Name (Last, First, Middle Initial) ERIC M DELGADO Mailing Address 4734 BRIERCREST AVE. City LAKEWOOD FEC ID number of contributing federal political committee. Name of Employer IRVINE REGIONAL HOSPITAL MEDICAL CENTE Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) TERRY MURPHY Mailing Address 179 NIBLICK RDPMB348	State Zip Code CA 90713-2312 C Decupation DFO Aggregate Year-to-Date	Date of Receipt 1 2 3 1 2 0 0 8 Transaction ID: PR846888221189 Amount of Each Receipt this Period
ERIC M DELGADO Mailing Address 4734 BRIERCREST AVE. City LAKEWOOD FEC ID number of contributing federal political committee. Name of Employer IRVINE REGIONAL HOSPITAL MEDICAL CENTE Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) TERRY MURPHY Mailing Address 179 NIBLICK RDPMB348	CA 90713-2312 C Decupation CFO Aggregate Year-to-Date	Transaction ID: PR846888221189 Amount of Each Receipt this Period
Mailing Address 4734 BRIERCREST AVE. City LAKEWOOD FEC ID number of contributing federal political committee. Name of Employer IRVINE REGIONAL HOSPITAL MEDICAL CENTE Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) TERRY MURPHY Mailing Address 179 NIBLICK RDPMB348	CA 90713-2312 C Decupation CFO Aggregate Year-to-Date	Transaction ID: PR846888221189 Amount of Each Receipt this Period
LAKEWOOD FEC ID number of contributing federal political committee. Name of Employer IRVINE REGIONAL HOSPITAL MEDICAL CENTE Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) TERRY MURPHY Mailing Address 179 NIBLICK RDPMB348	CA 90713-2312 C Decupation CFO Aggregate Year-to-Date	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer IRVINE REGIONAL HOSPITAL MEDICAL CENTE Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) TERRY MURPHY Mailing Address 179 NIBLICK RDPMB348	CCcupation CFO Aggregate Year-to-Date ▼	
federal political committee. Name of Employer IRVINE REGIONAL HOSPITAL MEDICAL CENTE Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) TERRY MURPHY Mailing Address 179 NIBLICK RDPMB348	Occupation CFO Aggregate Year-to-Date ▼	30.00
MEDICAL CENTE Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) TERRY MURPHY Mailing Address 179 NIBLICK RDPMB348	CFO Aggregate Year-to-Date ▼	_
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) TERRY MURPHY Mailing Address 179 NIBLICK RDPMB348	Aggregate Year-to-Date ▼	1
Other (specify) Full Name (Last, First, Middle Initial) TERRY MURPHY Mailing Address 179 NIBLICK RDPMB348	270.00	I
TERRY MURPHY Mailing Address 179 NIBLICK RDPMB348		P/R Deduction (\$10.00 Bi- Weekly)
Mailing Address 179 NIBLICK RDPMB348		Date of Receipt
City		1 2 3 1 2 0 0 8
	State Zip Code	Transaction ID: PR849021421189
PASO ROBLES	CA 93446-4845	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	30.00
	Occupation CNO]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	270.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) JAMES CLEMENTS		Date of Receipt
Mailing Address 3013 GOLF CREST LANE		M M / D D / Y Y Y Y
City	State Zip Code	1 2 3 1 2 0 0 8 Transaction ID: PR849790221189
WOODSTOCK	GA 30189-8197	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
	Occupation ASSOC	
	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	540.00	P/R Deduction (\$20.00 Bi- Weekly)
SURTOTAL of Receipts This Page (antional)		
SUBTOTAL of Receipts This Page (optional)		120.00

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CHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	IE NUMBER: PAGE 36 /					
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27 27	22 23 24 28a 28b 28c	25 26 X 29 30b				
ny Information copied from such Reports and Staten for commercial purposes, other than using the nam								
NAME OF COMMITTEE (In Full)								
TENET HEALTHCARE CORPORATION P	'AC							
Full Name (Last, First, Middle Initial)			Transaction ID: 290438	383				
Joseph Moody Campaign			Date of Disbursement	·				
Mailing Address PO Box 920827			1 2 1 0	2008				
City El Paso	State Zip Code TX 79902		Amount of Each Disburser	nent this Period				
Purpose of Disbursement	Г			250.00				
Joseph Moody, STATE HOUSE TX Candidate Name	[O11						
Joseph Moody		Category/ Type						
	ement For: 2008		Joseph Moody, STATE	HOUSE				
Senate President	Primary X General Other (specify) ▼		TX '					
State: TX District: 00	a wier (epocity)							
Full Name (Last, First, Middle Initial)			Transaction ID: 290438	384				
Ellen Cohen Campaign			Date of Disbursement	Y Y Y				
Mailing Address 7670 Woodway, Ste. 110	0		12 10 Y	2008				
City Houston	State Zip Code TX 77063		Amount of Each Disburser	nent this Period				
Purpose of Disbursement Ellen Cohen, STATE HOUSE TX		011		250.00				
Candidate Name Ellen Cohen		Category/ Type						
	ement For: 2008		Fllen Cohen STATE H	OUSE				
Senate President	Primary X General Other (specify)		Ellen Cohen, STATE HOTX	3002				
State: TX District: 00	Guier (Specify)							
Full Name (Last, First, Middle Initial)	_		Transaction ID: 290438	385				
Doug Miller for State Representative Camp	paign		Date of Disbursement	V V V				
Mailing Address 865 Fredericksburg			1 2 1 0 7	2008				
City New Braunfels	State Zip Code TX 78130		Amount of Each Disburser	nent this Period				
Purpose of Disbursement	70.00			250.00				
Douglas Miller, STATE HOUSE TX		011						
Candidate Name Douglas Miller		Category/ Type						
9 1	ement For: 2008		Douglas Miller, STATE SE TX	HOU-				
Senate President	Primary X General Other (specify) ▼		SE TX					
State: TX District: 00								
UBTOTAL of Disbursements This Page (optional))		750.00				
OTAL This Period (last page this line number only))							
AN026		-	FEC Schedule B (Form	n 3X) (Revised 02				
				, ,				

	IEDULE B (FEC FOIIII 3	· ' l		te schedule(s)			eck only	NUMBE	n.		L	PAGE	37 /	39
	MIZED DISBURSEMENT		Detailed Su	tegory of the immary Page		À	21b 27	22 28a		23 28b	24 28	3c >	25 (29	
	formation copied from such Reports a													
\ NA	AME OF COMMITTEE (In Full) ENET HEALTHCARE CORPORA	<u> </u>		or arry pointed.										
Ful	Il Name (Last, First, Middle Initial)							Trans	actio	n ID:	290	 4388	 6	
Jo	die Laubenberg							Date	of Dis	burse	ement			
Ma	ailing Address PO Box 1154							1 ^M 2	M /	^D 1	0 /	Y :	ž 0 Ŏ	8 ^Y
Cit	ty ylie	Sta TX		Zip Code 75098				Amou	nt of	Each	Disbu	seme	nt this	Perio
	rpose of Disbursement	17	<u> </u>	75096	_	_	_						250.0	0
	die Laubenberg, STATE HOUSE TX					01	1					-	-	
	andidate Name die Laubenberg					ateg Typ	-							
	fice Sought: X House Senate President		nt For: imary ther (specif	2008 X General (y) ▼				Jodie HOUS	Lau SE	benb ГХ	erg, S	TAT	≣	
	ate: TX District: 00													
	ll Name (Last, First, Middle Initial) arisa Marquez Campaign							Trans Date	of Dis	burse				
Ma	ailing Address 3112 Federal							1 ^M 2	M /	1	0 /	Y	žoŏ	8 ^Y
Cit El	ty Paso	Sta TX		Zip Code 79930				Amou	nt of	Each	Disbu	seme	nt this	Perio
	rpose of Disbursement arisa Marquez, STATE HOUSE TX				Г	01	1	L.					250.0	0
	andidate Name arisa Marquez					ateg Typ	-							
	fice Sought: X House Senate President ate: TX District: 00		nt For: imary ther (specit	2008 X General (y) ▼				Maris SE T	a Ma X	arque	z, ST	ATE	HOU-	
Fu	Il Name (Last, First, Middle Initial)							Trans				4390	8	
_	ailing Address 14617 S. Padre	Island Dr						Date of 1 2			D /	Y	Ý 0 0	8 ^Y
		Sta	to -	Zip Code									nt this	
Cit Cc	orpus Christie	TX		78418				AIIIOU	iii Ol	⊏ac⊓	וטטטוט			
	rpose of Disbursement dd Hunter, STATE HOUSE TX					01	1		-		_	-	250.0	0
	andidate Name odd Hunter					ateg Typ								
	fice Sought: X House Senate President ate: TX District: 00		nt For: imary ther (specit	2008 X General iy) ▼		7.5		Todd TX	Hun	ter, S	STATE	E HOI	USE	
	Į.	(optional)											750.0	•

SCHEDULE B (FEC Form 3X)	Use separate scriedule(s) /_b	NE NUMBER: PAGE 38 / 39
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page (check of the page of the page)	22
ny Information copied from such Reports and State or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full)	me and address of any political committee to	Solicit Contributions from Such Committee
TENET HEALTHCARE CORPORATION	PAC	
Full Name (Last, First, Middle Initial) Joseph C. Pickett Campaign		Transaction ID: 29043909 Date of Disbursement
Mailing Address P.O. Box 4554		M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Austin	State Zip Code TX 78765	Amount of Each Disbursement this Perio
Purpose of Disbursement Joseph Pickett, STATE HOUSE 79th TX	011	250.00
Candidate Name Joseph Pickett	Category/ Type	
Senate President	sement For: 2008 Primary X General Other (specify)	Joseph Pickett, STATE HOU- SE 79th TX
State: TX District: 79		
Full Name (Last, First, Middle Initial) Vicki Truitt Campaign		Transaction ID: 29043910 Date of Disbursement
Mailing Address P.O. Box 886		12 10 7 2008
City Keller	State Zip Code TX 76244	Amount of Each Disbursement this Perio
Purpose of Disbursement Vicki Truitt, STATE HOUSE 98th TX	011	0.00
Candidate Name Representa Vicki Truitt	Category/ Type	
Office Sought: X House Disbur Senate President	sement For: 2008 Primary X General Other (specify) ▼	Vicki Truitt, STATE HOUSE 98th TX
State: TX District: 98		
Full Name (Last, First, Middle Initial) Vicki Truitt Campaign		Transaction ID: 29043934 Date of Disbursement
Mailing Address P.O. Box 886		1 2 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Keller	State Zip Code TX 76244	Amount of Each Disbursement this Perio
Purpose of Disbursement Void - Vicki Truitt Campaign	011	0.00
Candidate Name Representa Vicki Truitt	Category/ Type	
Office Sought: X House Senate President State: TX District: 98	sement For: 2008 Primary X General Other (specify)	Void - Vicki Truitt Campa- ign
Giale. IA District. 30		
	l)	250.00

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President

District:

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: PAGE 39 / 39 (check only one)		
		21b 27	22 23 2	24 25 26 28c X 29 30b	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPORATION P					
Full Name (Last, First, Middle Initial) Vicki Truitt Campaign Mailing Address P.O. Box 886			Transaction ID: 29 Date of Disbursement		
•	State Zip Code TX 76244		Amount of Each Disbo		
Purpose of Disbursement Vicki Truitt, STATE HOUSE 98th TX		011		250.00	
Candidate Name Representa Vicki Truitt		Category/ Type			
Office Sought: X House Senate President State: TX District: 98	ement For: 2008 Primary X General Other (specify)		Vicki Truitt, STATE 98th TX	HOUSE	
Full Name (Last, First, Middle Initial) Health Alliance PAC (HAPAC) - NonFederal State PAC			Transaction ID: 29060198 Date of Disbursement		
Mailing Address P.O. Box 8600			12 M / D 1 6 / Y 2 0 0 8 Y		
7	State Zip Code PA 17105		Amount of Each Disb		
Purpose of Disbursement		011		3000.00	
Candidate Name		Category/ Type			
Office Sought: House Disburse Senate	ment For: Primary General				

SUBTOTAL of Disbursements This Page (optional)	•	3250.00
TOTAL This Period (last page this line number only)	•	5000.00

Other (specify)

State: